

OFFICIAL RECORD

Requested By:
THOMAS W KEMPLEY

RECORDING REQUESTED BY:
ORDER No.:
ESCROW NO.:

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0807 PG-02236 RPTT: 0.00



✓ AND WHEN RECORDED MAIL TO:
PO BOX 2005
MINDEN NV 89423

A.P.N. 1320-32-115-007

SPACE ABOVE THIS LINE IS FOR RECRODER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

THE UNDERSIGNED, BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

That Roy Kempley and Margaret Mary Kempley, the decedents mentioned in the attached certified copies of Certificate of Death, is the same person as Roy Kempley and Margaret M. Kempley named as trustees in that certain Declaration of Trust dated April 23, 1996, executed by Roy Kempley and Margaret M. Kempley as Trustors.

At the time of the demise of the decedents, the decedents were the record owners, as Trustees, of real property commonly known as 1614 Wildrose Drive, Minden, NV 89423, which property is described in a Deed which was executed by Roy Kempley and Margaret M. Kempley as Grantors on October 27, 1994 and recorded as Document No. 55071, on October 27, 1994, of Official Records of Douglas County, State of Nevada.

The legal description of said property is as follows:

Lot 1, Block A, as shown on the map of Wildrose Subdivision No. 3, Unit No. 1, filed in the office of the Recorder of Douglas County, State of Nevada, on October 22, 1971, as Document No. 55071. A.P.N. 25-222-09.

I, Thomas W. Kempley, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedents mentioned in paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above. I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated:

Thomas W Kempley 8.7.05
THOMAS W KEMPLEY
STATE OF NEVADA

COUNTY OF DOUGLAS
Subscribed and sworn to (or affirmed) before me on this 7th day of August, 2007
by the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature
Notary Public Commissioned for said County and State
County of Douglas
State of Nevada



(This area for official notarial seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

99 014249

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE
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IN
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IDENT

DEATH
RECORDED IN
STATISTICAL
HANDBOOK
PENDING
SECTION OF
VITAL RECORDS

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1. DECEASED—NAME First Middle Last Roy KEMPLEY			DATE OF DEATH (Month, Day, Year) 2 December 7, 1999		COUNTY OF DEATH Carson City
CITY, TOWN OR LOCATION OF DEATH Carson City		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) Carson-Tahoe Hospital		If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	SEX Male
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years) 7a. 94	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Kansas		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8 November 10, 1905	
SOCIAL SECURITY NUMBER 13 [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Contractor		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 14b. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	KIND OF BUSINESS OR INDUSTRY 14c. Construction	
FATHER—NAME First Middle Last 16. Brazele Kempley		MOTHER—MAIDEN NAME First Middle Last Rosa Heidinger		STREET AND NUMBER 15d. 1614 Wildrose Dr.	
INFORMANT—NAME (Type or Print) 18a. Margaret Kempley - Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1614 Wildrose Drive, Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eastside Memorial Park		LOCATION—City or Town State 19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jimmy Bunker		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423 53	
21a. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title) <i>B. Bottenberg</i>		21b. DATE SIGNED (Mo., Day, Yr.) 12/07/99		21c. HOUR OF DEATH 1100	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. B. Bottenberg		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>B. Bottenberg</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. B. Bottenberg, 925 Ironwood #2108, Minden, Nevada 89423		23b. LICENSE NUMBER 0109		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) <i>Kristine Kame</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 9, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Acute hepatic necrosis		Interval between onset and death			
(b) ischemic bowel		Interval between onset and death			
(c) atherosclerosis		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. congestive heart failure		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
LOCATION 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

No. 150849



BK- 0807
PG- 2237

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CERTIFIED COPY OF VITAL RECORDS

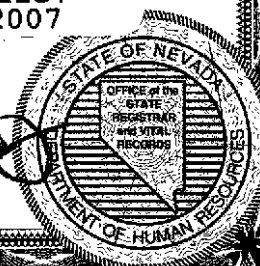
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DATE ISSUED:

DEC - 8 2005

STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

20030018186
STATE FILE NUMBER

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Margaret Mary		KEMPLEY		2. December 29, 2003	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Emergency Room 2	4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 93	7b.	7c.	8. November 6, 1910
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education, 7 Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Michigan	9b. USA	10. 12	11. Widowed	12.	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
13.	14a. Homemaker	14b. At Home			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Minden	15d. 614 Wild Rose Dr	15e. Yes	
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last				
16. Henry A. Zwiers	17. Rose A. Friar				
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Thomas W. Kempley		18b. P.O. Box 9482, Reno, Nevada 89507			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
19a. Burial	19b. Eastside Memorial Park		19c. Minden, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. Jimmy B...	09	Walton's Douglas County Mortuary 1478 4th St., Minden, Nevada 89423 53			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.			
(Signature and Title)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b.		21c.		22b. 12-30-03	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON 12/29/03		22e. AT 1805	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
23a. Ruth Beseler, Deputy Coroner, 897 E. Musser St., Carson City, NV					23b. 9307
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) Vera A. Kuchan	24b. December 31, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I	(a) Acute Myocardial Infarction				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(b) Coronary Artery Disease				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(c)				Interval between onset and death
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	Dementia		28. No	27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

STATE REGISTER



No 246973

BK- 0807
PG- 2238

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CERTIFIED COPY OF VITAL RECORDS

093501

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DATE ISSUED:

DEC - 8 2005

[Signature]
STATE REGISTRAR

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